

AUTO CR - LOG SUMMARY #1071345

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						F	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
25-JUL-2014 04:50 - 25-JUL-2014 04:50		1213	012	304 - STREET	
28-JUL-2014 06:30 - 28-JUL-2014 06:30	1412 S BLUE ISLAND AVE, CHICAGO, IL 60608	1233	012	280 - POLICE FACILITY/VEH PARKING LOT	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee Accused	UNKNOWN,					ON Duty	The reporting party alleged that the accused officer failed to register a complaint on her behalf regarding failure of the officer assigned to her traffic crash to take her statement.
CPD Employee Accused	UNKNOWN,					ON Duty	The reporting party alleged that the accused officer failed to take her statement regarding a traffic accident that had occurred but instead only took the statement of the other driver. Reference

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
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Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category List

Incident Category	Primary?	Initial?
07Z - GROUP 07 - TRAFFIC (NOT BRIBERY/EXCESSIVE FORCE) MISCELLANEOUS	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/NO CONVERSION	25-NOV-2014 11:01	JOHNSON/WALKER, PATRICIA	SR DATA ENTRY OPR	121 /	
PENDING ASSIGN INVESTIGATOR	11-SEP-2014 03:09	CLARK, SUSAN	LIEUTENANT OF POLICE	121 /	
PENDING APPROVE TEAM	04-SEP-2014 11:43	WATSON, JOHN	POLICE OFFICER	121 /	
PENDING ASSIGN TEAM	03-SEP-2014 04:01	CLARK, SUSAN	LIEUTENANT OF POLICE	121 /	Scan in copy of traffic crash report.
PENDING APPROVE TEAM	03-SEP-2014 03:44	WATSON, JOHN	POLICE OFFICER	121 /	
PENDING ASSIGN TEAM	03-SEP-2014 12:27	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	03-SEP-2014 12:16	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
PRELIMINARY	03-SEP-2014 12:14	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					KOBEL, DANIEL	03-SEP-2014 12:14			
	DOCUMENTS - INTAKE INCIDENT		2		N	WATSON, JOHN	04-SEP-2014 11:43	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 03-SEP-2014) - LOG #1071345

TYPE: INFO

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						F	WHI		

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Accused Members

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Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
07Z - GROUP 07 - TRAFFIC (NOT BRIBERY/EXCESSIVE FORCE) MISCELLANEOUS	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	DISTRICT/UNIT	-	04-SEP-2014 11:43	WATSON, JOHN	
IAD	DISTRICT/UNIT	-	03-SEP-2014 15:44	WATSON, JOHN	
IAD	INTERNAL AFFAIRS DIVISION	-	03-SEP-2014 12:14	KOBEL, DANIEL	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
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Status History

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CLOSED/NO CONVERSION	25-NOV-2014 11:01	JOHNSON/WALKER, PATRICIA	SR DATA ENTRY OPR	121 /	
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PRELIMINARY	03-SEP-2014 12:14	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	

ILLINOIS TRAFFIC CRASH REPORT

Sheet ___ of ___ Sheets

1 DRAC U1	2 PED U2	3 TRFD U1	4 TRFC U1	5 WEAT U1	6 DEVA U1	7 VIS U1	8 VEHD U1	9 LGHT U1	10 COLL U1	11 MANV U1	12 PPA U1	13 PRI U1	14 TRFW 2								
INVESTIGATING AGENCY CHICAGO POLICE DEPARTMENT				37 DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500				TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED				31 <input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> Injury and / or Tow Due To Crash				33 R.D. NUMBER YR		15 VEH U1			
34 ADDRESS NO. 820		(CIRCLE) N S W		HIGHWAY or STREET NAME HALSTED				CITY CHICAGO		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		35 DATE OF CRASH 7/25/14		TIME 4:50 PM		BEAT OF OCCURRENCE 1213		16 U2			
(CIRCLE) ST / MI N E S W				(NAME OF INTERSECTION OR ROAD FEATURE)				COUNT COOK		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		38 NUMBER MOTOR VEHICLES INVLD 2		PHOTO(S) TAKEN <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N		17 U2			
NAME (LAST, FIRST, MI) SAIDERA/WHITE ANNA				DATE OF BIRTH 8/2/59				MAKE HONDA		MODEL ACCORD		YEAR 10		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 6		FRONT 8 1 2 7 9 3 6 5 4 REAR		18 U2			
CITY RIVER FOREST				STATE IL				ZIP 6005		INJURY 27		EJECT 28		VEHICLE OWNER (LAST, FIRST, MI) SAIDERA/WHITE ANNA		INSURANCE CO. ARCH INS. CO		19 U1			
TAKEN TO [REDACTED]				EMS AGENCY [REDACTED]				OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		20 U2		21 U1		22 U2			
NAME (LAST, FIRST, MI) [REDACTED]				DATE OF BIRTH 2/18/57				MAKE MACK		MODEL TK		YEAR 07		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 2		FRONT 8 1 2 7 9 3 6 5 4 REAR		23 U1			
STREET ADDRESS [REDACTED]				SEX M				SAFT 25		AIR 26		INJURY 27		EJECT 28		VEHICLE OWNER (LAST, FIRST, MI) NENA PRAIRIE INC.		INSURANCE CO. ARCH INS. CO		24 U1	
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[REDACTED]				[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		95 U1	
[REDACTED]				[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		96 U1	
[REDACTED]				[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		97 U1	
[REDACTED]				[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		98 U1	
[REDACTED]				[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		99 U1	
[REDACTED]				[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		100 U1	

UNIT	(EVNO)	(MOST)	(EVNT)	(LOC)	43 DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
1	1	2	3	4	PROPERTY OWNER ADDRESS	CITY	STATE	ZIP	IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE
2	1	2	3	4	44 ARREST NAME	SECTION	CITATION NO.	45 DATE POLICE NOTIFIED	WORKERS PRESENT? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
3	1	2	3	4	ARREST NAME	SECTION	CITATION NO.	46 DATE POLICE NOTIFIED	
4	1	2	3	4	47 SIGN NO.	SIGNATURE	48 BEAT	49 SUPERVISOR SIGNATURE/STAMP NO.	
5	1	2	3	4	19764	1214	725/19515		

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

49 DIAGRAM

INDICATE NORTH
BY ARROW

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.A CMV is defined as any motor vehicle used to transport
passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is a vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

54 UNIT NO.

DOC NO.

52 Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

53 Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

55 If yes, name on placard

Hazard ID No. 1-digit Hazard Class

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

56 IDOT PERMIT NO. WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐57 TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 ft TRAILER 2 ft

TOTAL VEHICLE LENGTH ft NO. OF AXLES

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

MILES N E S W OR CHICAGO

CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION

CARGO BODY TYPE LOAD TYPE

EVENT IN SUMMARY: UNIT #1 TRAVELING S/B ON
 [REDACTED] ATTEMPTED TO MAKE A R/TURN ON [REDACTED]
 AT THE SAME TIME UNIT #2 ATTEMPTING TO DO SAME
 UNIT #1 WHICH WAS BEHIND UNIT #2 ATTEMPTED
 TO GET IN FRONT OF UNIT #2 AT THE SAME TIME
 TRYING TO MAKE A R/TURN WAS STRUCK BY
 UNIT #2 WHO WAS TRYING TO AVOID A COLLISION
 DRIVER UNIT #1 TAKEN TO [REDACTED] BY CEDA#53
 TREATED AND RELEASED BY DR. L. ALKHAWAN.

59 HIT & RUN WANTED DRIVER	SEX - RACE	AGE	HAIR COL	DISTINGUISHING MARKS / CLOTHING DESCRIPTION	UNIT NO.	VEH. COLOR
NAME ONLY	OFFICER ASSIGNED STAR NO.	DATE ASSIGNED	SUPV. STAR NO.	IF CASE CLEARED HOW <input type="checkbox"/> ARREST PROSECUTION	CREATION NO.	
COURT RM.	COURT DATE	TIME	AM PM	CHARGES <input type="checkbox"/> EXC. CLEARED		
SUSPENDED	<input type="checkbox"/> TIM CANNOT ID OFFENDER <input type="checkbox"/> LETTER TO CONTACT RETURNED BY POST OFF <input type="checkbox"/> VEH. REGISTRATION UNAVAILABLE		<input type="checkbox"/> NO INVESTIGATIVE LEADS <input type="checkbox"/> WARRANT OBTAINED <input type="checkbox"/> INSUFFICIENT EVIDENCE FOR ARREST		<input type="checkbox"/> VEH. STOLEN-RO NO <input type="checkbox"/> OTHER (Specify)	
PREPARED BY - SIGNATURE				STAR NO.	DATE (Day-Mo-Yr)	APPROVED SIGNATURE
						STAR NO.